

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

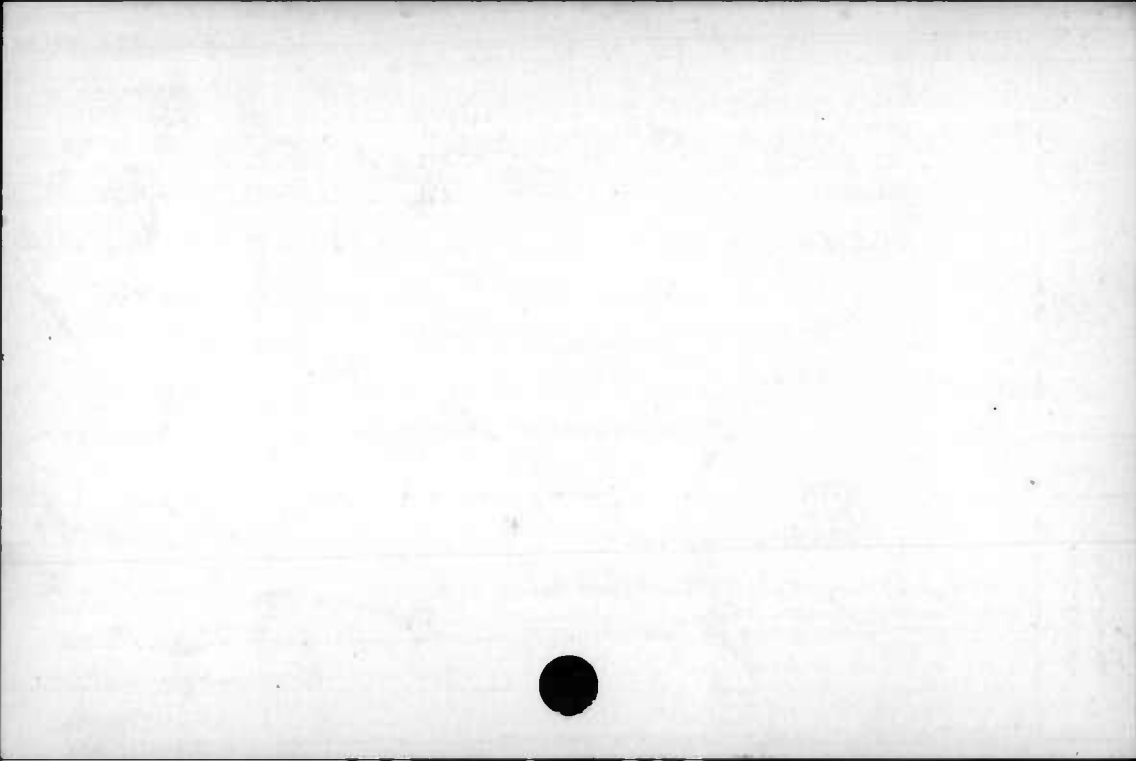
Name in Full Albert Billinger		Town Jennings		County Carmett		State MARYLAND	
Died at Jennings		Month May		Day 23		Age 1 Years 9 Months 4 Days	
Date of death 1907		Sex Male		Color or Race White		Birth-place Jennings Md	
Occupation None				Where Residing if not at place of death Jennings Md			
Married , Single or Widowed		Name of Wife or Husband					
Father's Name Harrison Bittinger		Father's Birthplace Carmett Co Mo					
Mother's Maiden Name Alice Wolt		Mother's Birthplace Carmett Co Mo					
Name of person giving information Henry Platter Jr		How related to deceased Cousin					

CAUSES OF DEATH

177

PHYSICIAN
OR CORONER

Primary Don't Know	How long 6 weeks
Immediate Dropsy	How long 2 weeks
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician H L Bevans
	Address Granville Md
Accident or Suicide?	



Name
in
Full

Ross Russell Brachy

CERTIFICATE OF DEATH

MARYLAND

Died at

Granterville

Town

Garra

County

Date

of death 190

7

Month

May

Day

13

Age

Years

1

Months

2

Days

26

Sex

Male

Color or
Race

White

Birth-
place

Granterville

Occupation

Tinsmith

Where Residing if not
at place of death

Granterville Md

Married, Single
or Widowed

1

Name of Wife or
Husband

1

Father's
Name

Marshall Brachy

Father's
Birthplace

Granterville Md

Mother's
Maiden Name

Mary Franer

Mother's
Birthplace

Shinnfield Pa

Name of person giving
Information

Marshall Brachy

How related
to deceased

Father

CAUSES OF DEATH

Primary

Pneumonia

How long

10 days

Immediate

Pulap & big Cardine Pumping

How long

3 day's

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

A. J. Robinson

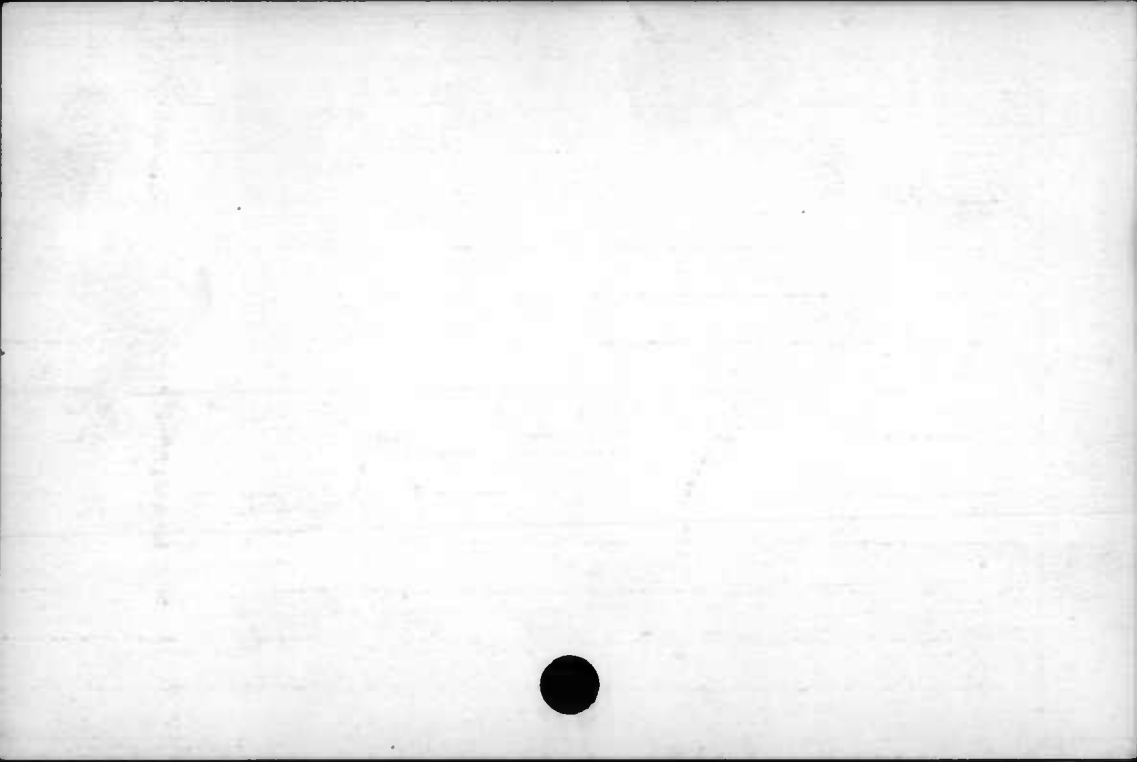
Address

Granterville
Md

Accident or Suicide?

2m

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



TO BE ANSWERED BY
NEAREST FRIEND

Genettie A. Hike

CERTIFICATE OF DEATH

Pa
MARYLAND

Died at *Pittsburg*
Town

County

Date of death *1907 May*

Month

Day

Age *25*

Years

Months

11

Days

20

Sex *Female*

Color or Race *White*

Birth-place *Maryland*

Occupation *House work*

Where Residing if not at place of death

Maryland Garrett co

Married, Single or Widowed *Single*

Name of Wife or Husband

Father's Name *Daniel Hike*

Father's Birthplace *md*

Mother's Maiden Name *Ellen Conaway*

Mother's Birthplace *Pa*

Name of person giving information *Ellen Hike*

How related to deceased *mother*

CAUSES OF DEATH

Primary *influenza-phary with effusion & neuritis*

How long *10 weeks*

Immediate *& exhaustion from the complication*

How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

H. C. Bayler M.D.
Accident

Accident or Suicide?

PHYSICIAN
OR CORONER

Mill Run

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Magdalene* *Trox*
Friendsville TownCounty *Garre #1*Date
of death *1907*Month *May*Day *13*

Age

Years *73*

Months

Days

Sex *Female*Color or
Race*White*Birth-
place*Pa*

Occupation

*House work*Where Residing if not
at place of deathMarried, Single
or Widowed*Widow*Name of Wife or
HusbandFather's
Name*Wm Culp*Father's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formation*T. G. Trox*How related
to deceased*Son*

CAUSES OF DEATH

(20)

Primary

Injury to leg

How long

4 months

Immediate

Blood Poison

How long

*2 mo.*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

A. J. Mason MD
Friendsville
md

Accident or Suicide?

Accident

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Blooming Rose</i>		Town <i>Garrett</i>		County <i>Garrett</i>		State <i>MARYLAND</i>	
Date of death <i>1907</i>	Month <i>May</i>	Day <i>2</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>4</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Charles T. Grantz</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Edith Friend</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>Charles T. Grantz</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Valvular deficiency</i>	How long <i>4 days</i>
Immediate <i>"</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. Mason Md</i>
	Address <i>Forsytheville Md</i>
Accident or Suicide? <i>—</i>	

Blooming Rose

Name
in
Full

Minnie Grey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *on a Farm* ^{County} *in Garrett* **MARYLAND**

Date of death **1907** ^{Month} *May* ^{Day} *14* ^{Years} *31* ^{Months} *—* ^{Days} *—*

Sex *Female* Color or Race *White* Birth-place *Maryland*

Occupation *House work* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Alfred Grey* Father's Birthplace *MD*

Mother's Maiden Name *Joanna Con* Mother's Birthplace *MD*

Name of person giving information *Alfred Grey* How related to deceased *Father*

CAUSES OF DEATH

(93)

PHYSICIAN
OR CORONER

Primary *Pneumonia (Lobar)* How long *Ten days ill*

Immediate *Heart failure* How long *2 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *H. P. Meyers M.D.*

Address *Markleysburg Pa*

Accident or Suicide? *—*

Grey Cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Savannah May Hershberger

Town

County

MARYLAND

Died at

Grantsville

Garrett

Date

of death 190

Month

Day

Years

Months

Days

7 May

2

Age

22

5-

14

Sex

Female

Color or
Race

White

Birth-
place

Grantsville Md

Occupation

Specimen

Where Residing if not
at place of death

Grantsville Md

Married, Single
or Widowed

Married

Name of Wife or
Husband

Mrs C Hershberger

Father's
Name

Mr Tremble

Father's
Birthplace

Empire Co Pa

Mother's
Maiden Name

Barbara Ginnip

Mother's
Birthplace

Grantsville Md

Name of person giving
information

Mr Winterbury

How related
to deceased

None

CAUSES OF DEATH

123

Primary

Acute Cystitis

How long

4 days

Immediate

Septicemia

How long

24 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

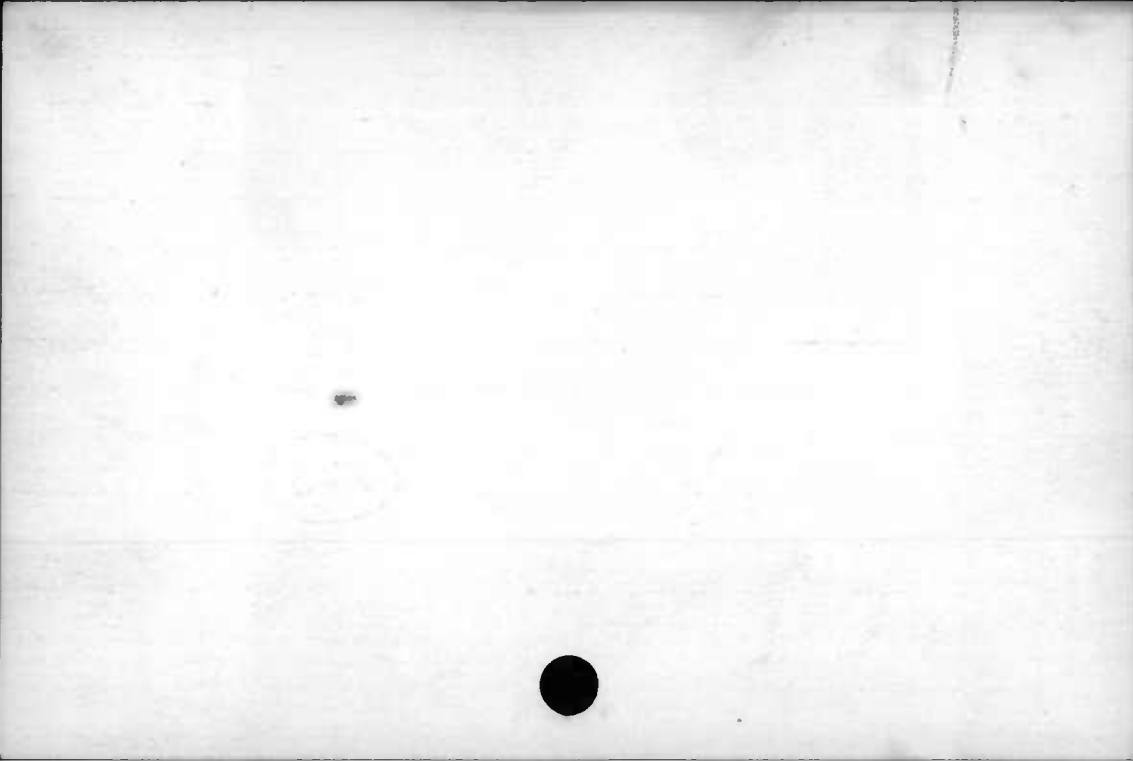
Signature of
Physician

H. T. Robinson

Address

Grantsville
Garrett Co Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Rebecca Lohr*

Died at *Deer Park* Town *Yonkers* County

Date of death *1907* Month *May* Day *13* Age *45* Years Months *2* Days

Sex *Female* Color or Race Birth-place

Occupation *Housewife* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Peter J. Lohr*

Father's Name Mother's Maiden Name

Name of person giving information *P J Lohr* How related to deceased *Husband*

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary *Atherosclerosis* How long *few months*

Immediate *Endocarditis* How long *2 mo*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *M A Shubauk*

Address *Oakland Md*

Accident or Suicide?

